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JP56 U.S. PTO
09/25/00

UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR §1.53(b)

Attorney Docket Number	08338/028002
Applicant	Freda D. Miller et al.
Title	Multipotent Neural Stem Cells From Peripheral Tissues and Uses Thereof

PRIORITY INFORMATION:

This application is a continuation-in-part of and claims priority from U.S. Application Serial No. 09/490,422, filed January 24, 2000, which is a continuation-in-part of and claims priority from U.S. Application Serial No. 08/920,272, filed August 22, 1997, which claims priority from U.S. Provisional Application Serial Nos. 60/024,590 and 60/024,456, filed August 26, 1996, and August 27, 1996, respectively.

APPLICATION ELEMENTS:

Cover sheet	1 page
Specification	38 pages
Claims	6 pages
Abstract	1 page
Drawing	[**] sheets
Combined Declaration and POA, which is: <input checked="" type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application [SERIAL NUMBER] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	3 pages
Statement Deleting Inventors	[**] pages
Sequence Statement	[**] pages
Sequence Listing on Paper	[**] pages
Sequence Listing on Diskette	[**] disk

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Two Small Entity Statements, which are: <input checked="" type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application [SERIAL NO.] and such small entity status is still proper and desired.	2 pages
Preliminary Amendment	[**] pages
IDS	[**] pages
Form PTO 1449	[**] pages
Cited References	[**] references
Recordation Form Cover Sheet and Assignment	[**] pages
Assignee's Statement	[**] pages
English Translation	[**] pages
Certified Copy of Priority Document	[**] pages
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$345	\$345.00
Excess Claims Fee: 34-20 x \$9	\$126.00
Excess Independent Claims Fee: 14-3 x \$39	\$429.00
Multiple Dependent Claims Fee: \$260/\$130	\$0
Total Fees:	\$900.00
<input checked="" type="checkbox"/> Enclosed is a check for \$900.00 to cover the total fees. <input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges, or any credits, to Deposit Account No. 03-2095.	
CORRESPONDENCE ADDRESS:	
Kristina Bieker-Brady, Ph.D. Reg. No. 39,109 Clark & Elbing LLP 176 Federal Street Boston, MA 02110 <div style="text-align: right;">Telephone: 617-428-0200 Facsimile: 617-428-7045</div>	
<div style="display: flex; justify-content: space-between;"> <div> <u>Susan M. Michaud</u> Signature Susan M. Michaud Reg. No. 42,885 </div> <div> <u>September 25, 2000</u> Date </div> </div>	